

# Using Motivational Interviewing Techniques to Facilitate Health- Related Changes



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# MOTIVATIONAL INTERVIEWING

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What is it?

“client-centered yet directive method for enhancing intrinsic motivation to change by exploring and resolving client ambivalence”

Rollnick and Miller, 2002



# Motivational Interviewing Is:

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- Client Centered
  - Client does MOST of the talking
  - Client sets the agenda
  - Client comes up with ideas, alternatives and solutions
  - Client determines IF they want any information
  - Goal is to facilitate change, not to check something off your list



# Motivational Interviewing Is:

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- A Method for Enhancing Intrinsic Motivation
  - It is not about providing reasons why they should be motivated
  - It is not about drumming up motivation for something that is not important to them
  - It is about finding what is inside of them that makes them desire to change – what do they value?, what is important to them?, and how does that relate to target behaviors?

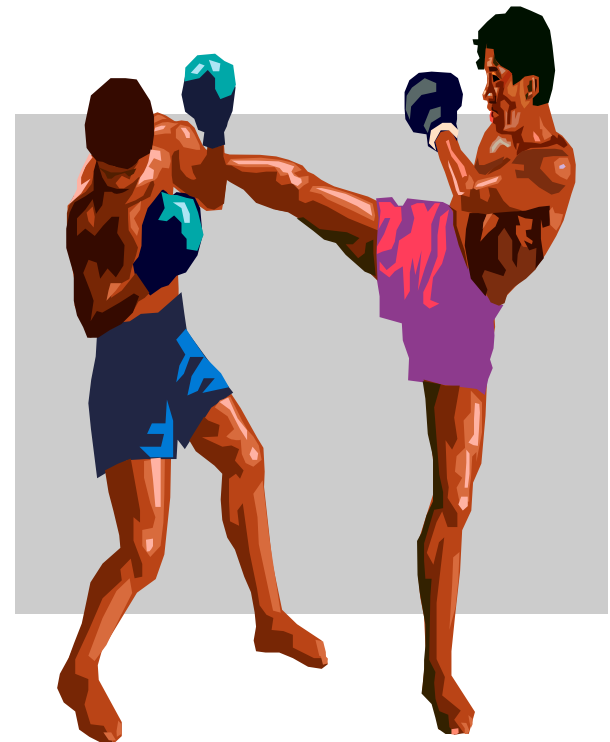


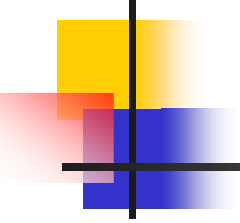
# Motivational Interviewing Is:

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- A Tool to Explore and Resolve Ambivalence
  - Ambivalence is feeling two ways about something:  
“I want to, and I don’t want to”
  - It is a common and normal experience
  - It is important to help the person identify that they are ambivalent about something
  - Once they identify their ambivalence, it is helpful to let THEM resolve it

It's a dance... not a boxing  
match!





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The goal is to facilitate fully informed, deeply contemplated, and internally motivated choices, not necessarily to change behavior.

Resnicow et al, 2002

# What does it take to change behavior?

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Behavior change is about  
MOTIVATION, not just about  
information!!

If it was about information.....

Would we need to educate and re-educate  
so often?

Would we have as much non-compliance?





# What about Barriers-to-Change?

If you help the client find  
their source of  
**motivation,**  
The barriers will take care of  
themselves.

Think of some of the barriers your  
clients voice....

What will it take to remove those barriers?

Is it just MORE EDUCATION?

Is it the REASONS you give them to  
change?

Is it what motivated your last client?





# Four Basic Principles of MI

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1. Express empathy
2. Develop discrepancy
3. Roll with resistance
4. Support self-efficacy

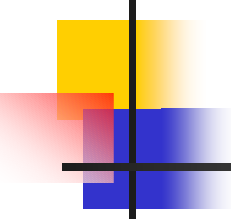


# Principle 1. Express Empathy

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- Involves an **empathetic** counseling style
- Underlying principle: **acceptance**
- Seek to **understand** client's feelings and ideas without judging, criticizing or blaming
- **Accepting** people "as they are" seems to free them to change. **Non-acceptance** seems to immobilize the change process

**Can you do this?**



If I accept them... wouldn't that mean  
that I approve their behavior?

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Acceptance is not  
the same as  
agreement or  
approval!





## Principle 2. Develop Discrepancy

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- MI is directed toward getting people “unstuck”, helping them move past ambivalence.
- Help create, **from client's perspective**, discrepancy between present behavior and goals/values.
- Client presents the reasons for change.



## Principle 3: Roll with Resistance

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- When a client expresses resistance, it is a signal for the interviewer to respond differently.
- MI does not oppose the client's resistance actively, but it accepts it and flows with it.



## Principle 4. Support Self-Efficacy

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- A person's belief in the possibility of change is an important motivator.
- The counselor can enhance the client's **confidence** in his capability to cope with obstacles and succeed in change.



# Five MI Methods

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1. Ask Open-Ended questions
2. Listen Reflectively
3. Affirm
4. Summarize
5. Eliciting Change Talk





# Method 1. Ask Open-Ended Questions

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How do you know if it is an Open-Ended Question?

- **It can't be answered yes/no**
  - Are you here only because your doctor wanted you to come?
- **It casts a broad net**
  - But not so broad that you end up with a fishing net full of “junk”
  - What drinks do you have in your home? (when all you really want to know is what beverages THEY are drinking)
- **You are not labeling emotions or sounding biased**
  - How badly do you feel about your HbA1c being so high?
- **They have few assumptions**
  - Tell me why you are not following your meal plan.
- **You ask only one question**
  - Are you taking your medication, or are you still confused about what it means to have diabetes?



# Closed vs. Open Ended Starters

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- These starters will usually lead to a **closed-ended** question:
  - Did you...
  - Can you...
  - Will you...
  - What do you/can you/will you....
  - Do you.....
- These starters will usually lead to an **open-ended** question:
  - To what extent....
  - How often....
  - Tell me about....
  - What, if any, ....
  - Help me understand



# Open Ended Questions Practice

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Let's change these from open-ended to closed-ended:

- Do you put butter on your toast?
- Do you check your blood sugar every morning?
- Are you walking at least 3 times a week?



# Open Ended Questions Practice

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- Are you sticking to your meal plan?
- Are you avoiding soft drinks like we talked about?
- Are giving yourself insulin shots on a regular schedule?

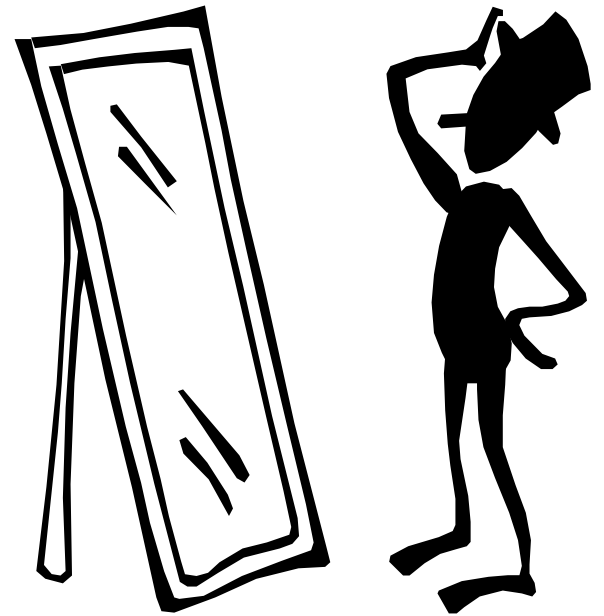


## Method 2. Listen Reflectively

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Think about a mirror. You are “reflecting” back to them what they have said... as you get better, you make jumps about the content of what they are saying.

- Makes a guess as to what the speaker means
- Voicing this guess in the form of a statement





# How to get started with reflections:

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- It sounds like.....
  - It sounds like you are having trouble checking your blood sugar more than once a day.
  - It sounds like you are uncomfortable cooking differently now that you are following a diabetes eating plan.
  - It sounds like you are conflicted between your desire to have a healthy baby and your ability to commit to taking your insulin.



# As you get comfortable, you can shorten reflections

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- Examples:

- You are having trouble checking your blood sugars more often.
- You are frustrated with having to take a larger dose of insulin.
- Getting up before noon on Sundays is a real challenge for you.

# First level of Reflective Listening

- Restating or Rephrasing

At first all you will be able to do is restate what they just told you.

You use the client's words but restate it in a slightly different manner.



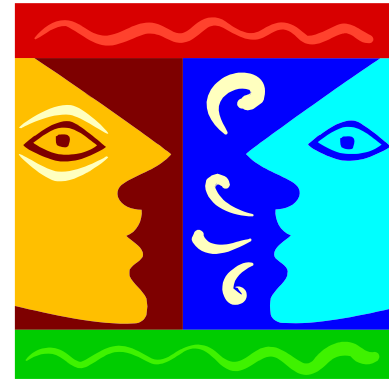


# Second Level of Reflective Listening

- Paraphrasing

With practice you will be able to reflect back what you think they are saying or are trying to say.

You don't use the client's own words.



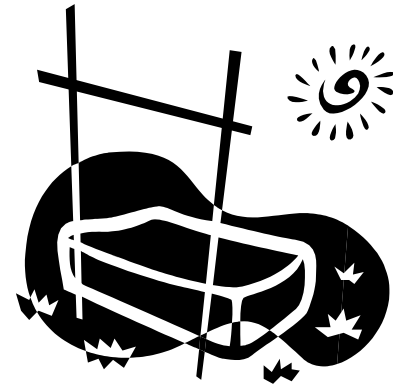
# Third level of Reflecting Listening

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- Deduce

This is a higher level of reflection that will get easier the more you use it.

You are taking a leap at making a guess as to what they are feeling and where they are going with the conversation.



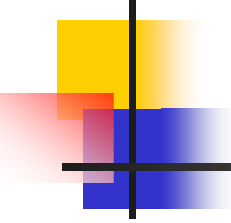


# Let's try to Reflect on a Client's statement

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- Client:

*I have tried to follow the meal plan, but it is too hard. The only vegetable I like is potatoes and now I have to eat ones that I don't like. On top of that I can't eat just one piece of bread with my meals when I'm used to eating a lot more.*



Traditionally, what would we  
tell that client?

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# How can we reflect on the client's statement?

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- Content Reflection – restate what the client stated
- Paraphrase what the client stated
- Make a deduction of what the client stated



## Method 3. Affirm

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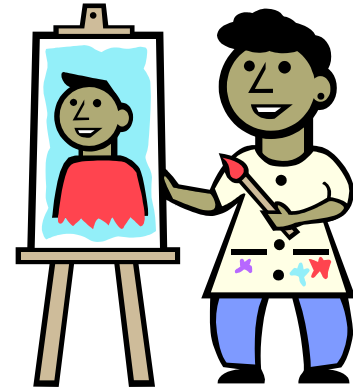
- Affirming and supporting the client builds rapport and reinforces openness.
- Notice and appropriately affirm the client's efforts and strengths
  - Thank you for coming on time today.
  - I appreciate that you took a big step by...
  - That's a good suggestion.



# Method 4. Summarizing

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- Link together and reinforce material that has been discussed





# Method 5. Eliciting Change

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- Using open-ended questions and reflections
- Using the Interest and Confidence Ruler







# Interest and Confidence Ruler

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## **Interest**

On a scale of 0 to 10, with 10 being very interested, how interested are you to ..... (Target behavior)?

0	1	2	3	4	5	6	7	8	9	10
Not at all					Somewhat					Very

## **Confidence**

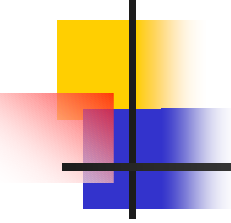
On a scale of 0 to 10, with 10 being very confident, assuming you decided to ..... (Target behavior) how confident are you that you could succeed ?

0	1	2	3	4	5	6	7	8	9	10
Not at all					Somewhat					Very

Adapted from Ken Resnicow's work

# Interest and Confidence

Example: Behavior – “Taking a 10-minute walk on most days”



0 1 2 3 4 5 6 7 8 9 10  
Not at all Somewhat Very

## Interest

On a scale of 0 to 10, with 10 being very interested, how interested are you to taking a 10-minute walk on most days?

**Client: 7**

## Confidence

On a scale of 0 to 10, with 10 being very confident, assuming you decided to take a 10-minute walk on most days, how confident are you that you could succeed ?

**Client: 4**



# Interest and Confidence Probes

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- Could have been higher

- You said your interest was a 7... why a 7 and not an 8 or 9?
- Their answers will tell you what **road-blocks** they have to conquer.

- Could have been lower

- You said your confidence was a 4... why a 4 and not a 1 or a 2?
- Their answers will tell you what they consider good about the change, how resourceful they feel, what is **positive** to them about change.

- What would it take to make it 10?

- This is where clients come up with **their own solutions**, tactics, ways to remove obstacles.



# Let's practice using the Interest and Confidence Ruler

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- In pairs, one is the counselor and one the client.
- The client chooses one behavior change.
- The counselor uses the interest and confidence ruler with the client.
- Behaviors to use (pick something relevant to you if possible).



# Other Important Aspects of MI

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- Getting Permission
- Providing Information



# Getting Permission

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- Before starting the session:

I'd like to spend a few minutes talking about...

Is that ok with you?

*Note- always make sure that there is no other pressing matter that the client would rather talk about!*

- When offering advice:

If you wish I could share with you some other strategies people have found helpful in...



# PROVIDING INFORMATION

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- Ask for permission
  - Don't provide information just to check it off your "list"
- Provide only the information they want



# When clients ask you what to do:

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- The best tactic is to provide a Menu of ideas, rather than a straight answer with no options:
  - If it is OK with you, I could share some strategies that have worked for other clients:
    - Strategy 1
    - Strategy 2
    - Strategy 3
  - Which of these, if any, do you think might work for you?





# Providing Expert Information

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- The American Diabetes Association recommends that people with gestational diabetes ..... From our conversation it seems that you are doing.....

What do you make out of this information?



# Something to remember in diabetes

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- Sometimes you have to provide life-saving information, whether or not they want to hear it.
- Always make sure that there are no other pressing matters that they want to address first.
- But you do have to eventually get to the information that they **MUST** have that day.



# Some other considerations:

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- Some clients are not ready to change
- May not work with low verbal clients or those whose primary language is not yours
- How much time can you give?
- What does your facility require?
- When to refer
- Ethnic and cultural considerations
- Follow-up



# Where to find information about training in MI:

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[www.motivationalinterview.org](http://www.motivationalinterview.org)